

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	FRIEND OF THE COURT CASE QUESTIONNAIRE Page 1	CASE NO.
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Friend of the Court address Telephone no.

Plaintiff	v	Defendant
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GENERAL INFORMATION

1. Your full name			2. Date of birth		3. Place of birth: City and State	
4. Address		City	State	Zip	5. Home telephone	
6. Social security number			7. Driver license number		8. Work telephone	
9. Sex <input type="checkbox"/> M <input type="checkbox"/> F	10. Eye color	11. Hair color	12. Height	13. Weight	14. Race	15. Scars, tatoos, etc.
16. Your father's full name			17. Your mother's full maiden name			
18. Names of all of your dependent children Birthdate Gender Natural/Step/Adopted Soc. Sec. No. Address						
19. Are you pregnant? If yes, complete a. and b. <input type="checkbox"/> Yes <input type="checkbox"/> No			a. When is the child due?		b. Is the other party in this case the biological parent of the expected child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Are you presently married? <input type="checkbox"/> Yes <input type="checkbox"/> No						

INFORMATION REGARDING THE OTHER PARENT IN THIS CASE (if known)

21. Full name			22. Date of birth		23. Place of birth: City and State	
24. Address		City	State	Zip	25. Home telephone	
26. Social security number			27. Driver license number		28. Work telephone	
29. Sex <input type="checkbox"/> M <input type="checkbox"/> F	30. Eye color	31. Hair color	32. Height	33. Weight	34. Race	35. Scars, tatoos, etc.
36. Father's full name			37. Mother's full maiden name			
38. Names of all of your dependent children Birthdate Gender Natural/Step/Adopted Soc. Sec. No. Address						
39. Is this party pregnant? If yes, complete a. and b. <input type="checkbox"/> Yes <input type="checkbox"/> No			a. When is the child due?		b. Is this party in this case the biological parent of the expected child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
40. Is this parent married? <input type="checkbox"/> Yes <input type="checkbox"/> No						